



TENNESSEE DEPARTMENT OF REVENUE
 VEHICLE TAXPAYER SERVICES DIVISION
 MULTI-PURPOSE APPLICATION
 OFFICIAL VEHICLE REGISTRATION



City Stickers:

NEW OR CURRENT TITLE NUMBER 94501067	TRANSACTION CODE N01	REGISTRATION ONLY NUMBER	STATE
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OWNER INFORMATION *LEGAL STATUS: 1 (AND) 2 (OR) <input type="checkbox"/> ENTER NAME CODE IN BOX 1 (SAME) 2 (DIFFERENT) 3 (MULTIPLE LAST NAMES) 4 (COMPANY) 6 (OVER 28 CHARACTERS) <input type="checkbox"/> 4						MAC <input checked="" type="checkbox"/> N	ILU <input checked="" type="checkbox"/> N
LAST NAME BSE TRAILER LEASING LLC	FIRST NAME	MIDDLE INITIAL	LAST NAME	FIRST NAME	MIDDLE INITIAL		
ADDRESS 1 (MAILING) 10233 GOVERNOR LN BLVD			ADDRESS 2 (PHYSICAL)				
CITY WILLIAMSPORT	STATE MD	ZIP CODE 21795	CITY	STATE	ZIP CODE		
CITY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION HAMILTON 033	PURCHASE DATE 12/05/2014	*LEASED <input checked="" type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> <small>SEE REVERSE SIDE FOR INSTRUCTIONS</small>	TELEPHONE # 240 772 5474	*PLACARD/HEARING IMPAIRED CLS/YR	*INSURANCE POLICY #		

VEHICLE INFORMATION										
VIN 3H3V532C9GT019050	MAKE HYTR	MODEL 3H3	YEAR 2016	BODY SE	TITLE BRAND - Translation NEW	CODE N	TYPE OF FUEL - Translation	CODE 9		
SURRENDERED TITLE # MSO	STATE CA	PREVIOUS STATES TITLED	VEHICLE USE F	VEHICLE TYPE S	CURRENT MILEAGE	ODOMETER ACTUAL (0) NOT ACTUAL (8) INDICATOR OVER 10 YRS / 16,000 LBS (1) (List one) IN EXCESS OF MECHANICAL LIMITS (9)	CODE 1			
COLOR CODE (enter appropriate code)* UPPER LOWER O	MOBILE HOME LGTH WOTH	# AXLES	GROSS VEHICLE WEIGHT	*VEHICLE TRADE-IN DESCRIPTION		COMPANY VEHICLE # GT 019050				

PLATE INFORMATION *required for Title Registration and Registration Only Transactions SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS							
PLATE # (1) U566150	CLASS CODE/ISSUE YR (1)(3) 8020/1994	VALIDATION # (1)	COUNTY STICKER # (1)	CITY STICKER # (1)(2)	*PLATE # (TRADE IN) (2)	CLASS CODE/ISSUE YR (2)	EXPIRATION DATE (1)(2)(3) PERMANENT
TDR STICKER # (4)	TEMP OPERATOR PERMIT # (3)	# OF SEATS (5)	ZONE (COUNTY NAME) (5)	USDOT / REGISTRANT # (7)	MOTOR CARRIER # (8)		

LIEN INFORMATION (if lien present)			
LIEN CODE	FIRST LIENHOLDER SUNTRUST BANK	LIEN DATE 12/05/2014	
STREET 120 E BALTIMORE ST 25 FL	CITY BALTIMORE	STATE MD	ZIP CODE 21202
LIEN CODE	SECOND LIENHOLDER	LIEN DATE	
STREET	CITY	STATE	ZIP CODE

LESSEE / REGISTRANT INFORMATION (OWNER OF PLATE)	LEGAL STATES <input type="checkbox"/>	NAME CODE <input type="checkbox"/>	MAC <input type="checkbox"/>	ILU <input type="checkbox"/>
NAME	NAME			
ADDRESS	CITY		STATE	ZIP CODE

VEHICLE COST / TAX INFORMATION *required for Title & Registration Transactions				
SALE PRICE	TRADE IN ALLOWANCE	TAXABLE AMOUNT	SALES TAX PAID	TAX EXEMPTION REASON / SALES TAX #
DEALER NAME		DEALER ADDRESS		DEALER #

*Required for Dupl. Sale Title - T.C.A. 56-2-314 (submit legible or altered Certificate of Title)

<input type="checkbox"/> LOST	<input type="checkbox"/> STOLEN	<input type="checkbox"/> MUTILATED	<input type="checkbox"/> RTND DUE TO NON DELIVERY	<input type="checkbox"/> ALTERED	<input type="checkbox"/> ILLEGIBLE
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Under penalty of perjury, I hereby certify all information provided is true and correct to the best of my knowledge, and acknowledge that it is not the responsibility of the Motor Vehicle Division or its employees to determine the accuracy of the information provided by me or on my behalf.

SIGNATURE OF CERTIFIER/OWNER	POWER OF ATTORNEY/AUTHORIZED SIGNATURE (IF APPLICABLE)	DATE 12/18/2014
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INVOICE NUMBER 14352 @	COUNTY NAME HAMILTON	CO NUMBER 33	DATE OF APPLICATION 12/18/2014	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) W.F. (BILL) KNOWLES	KAR46
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OFFICE USE ONLY EMISSION: Trailer (total fees collected indicated certifies this form as a valid registration)							
REGISTRATION FEE 79.75	CREDIT	LEASE FEE	TRANS FEE	CLERK FEE	ISSUANCE FEE 12.00	TITLE FEE 5.50	TOTAL TAX COLLECTED .00
COMPUTATION OF <input type="checkbox"/> SALES TAX <input type="checkbox"/> USE TAX	SALES OR USE TAX	SA TAX	LOCAL TAX	ADDITIONAL TAX	COLLECTED IN STATE OF	COUNTY WHEEL TAX	CITY STICKER FEE
*SERVICE OPT FEE	ORGAN DONOR	POSTAGE	VER	ID / RESIDENCY VERIFICATION	*TOTAL FEES COLLECTED 97.25		

GT 019050